

Agents

TECHNOLOGY COMPLAINT OPERATIONS DOCUMENTS PROCESSING

CONSUMER **ADDRESS** **PHONES** **STATUS**

NAME: REDACTED REDACTED

DOB: REDACTED

PHONE: Home: REDACTED Work: REDACTED Cell: REDACTED

STATUS: Open

SUBSTATUS: <Select>

ACCOUNTS **CREDIT**

ACCOUNT: REDACTED

ACTION

CONSUMER: DEMOGRAPHIC BANKRUPT DEATH

ADDRESS: COMARER ESTATE DEPENDENT

PHONE: ATTORNEY COUNSELOR EMPLOYER

DISPUTE: NOTES FINANCIAL

SETTLEMENT **REDACTED**

AMOUNT: REDACTED

PAYMENTS

SUB ACCOUNT: <Select>

AMOUNT: REDACTED

DATE: REDACTED

SCHEDULE

FACTOR: M1000 <Select>

ROUTING #: REDACTED

BANK NAME: REDACTED

ACCOUNT NUMBER: REDACTED

ACCOUNT NAME: REDACTED

CHECK NUMBER: REDACTED

DOCUMENTS

DEMOGRAPHIC DEATH BANKRUPT ATTORNEY COMPLAINT LETTER CORRESPOND COMARER DEPENDENT

ESTATE EMPLOYER COUNSELOR BUREAU FINANCIAL

ALLIED 00002